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## MENTOR Registration Form 2018-2019 & Signed Letter of Agreement

(Note: all mentors must complete a separate Registration Form for each group with which they are involved.)

### Personal Information *Note: my personal information has changed and needs updating.* \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Initial

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City Province Postal Code

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ EfM Canada may use my email for administrative and program purposes. *I understand that my name may be removed from the email contact list at any time upon my written request.*

Female: \_\_\_\_\_ Male: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

Clergy: \_\_\_\_\_ Layperson: \_\_\_\_\_ Licensed Lay Minister (or diocesan equivalent): \_\_\_\_\_

Occupation: \_\_\_\_\_ Level of Education: \_\_\_\_\_  
(eg. Diploma, Bachelor's, Master's, Doctorate)

Denomination: \_\_\_\_\_

Diocese (if Anglican): \_\_\_\_\_

Last Training Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

### Group Information

Name of the Administrative Mentor for your group: \_\_\_\_\_  
(the Administrative Mentor will receive correspondence from EfM Canada)

Location of Meetings (venue + city/town): \_\_\_\_\_

Group #/ID: \_\_\_\_\_ Group's Starting Month: \_\_\_\_\_

I am replacing another mentor for this group. \_\_\_\_\_ Name: \_\_\_\_\_

**Shipping Address** (to be completed by Administrative Mentors if different from address already provided)

Name: \_\_\_\_\_  
Last First Initial

Address: \_\_\_\_\_  
(care of—for example—St. Mary’s Church, Vancouver - or - Diocesan Office, Kootenay, etc.)

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City Province Postal Code

**Letter of Agreement**

Enclosed please find registration forms and applicable remittances for participants in the **Education for Ministry** group organized here for whom I have agreed to act as mentor.

**I understand and accept the responsibilities which I will have as mentor to this group as they are described in the *EfM Canada Policies document found on the website*. I agree that I will use the program as it is set forth including leading Theological Reflection on a regular basis and the use of the Reading and Reflection Guide. In order that this group may function effectively, I also accept responsibility for registrations, re-registrations, collecting fees, ordering materials, and making reports to EfM Canada whenever required or appropriate.**

It is my understanding that in recognition of the services provided to the **Education for Ministry** program as a mentor for this group, I will receive a Mentor Fee of One Hundred Twenty-five Dollars (\$125.00) per month from September through May. The monthly fee will be received as long as the group remains active with at least six members during that time and I maintain the status of an accredited mentor. (In the event there is a co-mentor, the Mentor Fee will be shared equally between us.) I understand that the monthly Mentor Fee will be deposited directly into my bank account and that I am to ensure that EfM Canada has a current VOID cheque detailing the required banking information. It is also understood that my relationship to EfM Canada, by reason of this agreement, is that of an independent contractor and not that of employee. Either party on thirty (30) days notice may terminate this agreement. I understand that the agreement ends automatically if my status as an accredited mentor changes or if there are any changes in mentors for this group.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

**EfM Canada Privacy Policy:** Personal information is collected for the purposes of administering the EfM program in Canada. Information is stored in paper format and /or electronically in the EfM Canada offices. A copy may also be kept by the group’s administrative Mentor. Personal information is also be used for continued communication about the EfM program with graduates and former students. Personal information is not sold, rented, leased or otherwise distributed with other organizations or companies.

**PLEASE DO NOT FORGET TO ATTACH A VOID CHEQUE AS NEEDED**

**FOR OFFICE USE ONLY**

Start date of group:	Group Number assigned:
Mentor Fee begins:	
Re-Enrollment Date:	
Confirmed by:	Date: